



UNITED STATES  
PATENT AND  
TRADEMARK OFFICE

Commissioner for Patents  
Washington, DC 20231  
www.uspto.gov



Bib Data Sheet

CONFIRMATION NO. 2561

<b>SERIAL NUMBER</b> 09/352,661	<b>FILING DATE</b> 07/07/1999 <b>RULE</b>	<b>CLASS</b> 348	<b>GROUP ART UNIT</b> 2812 2615	<b>ATTORNEY DOCKET NO.</b>
<b>APPLICANTS</b> CHUK DAVID CHAN, LAWRENCEVILLE, GA; <b>** CONTINUING DATA *</b> <i>Yes</i> <b>** FOREIGN APPLICATIONS *</b> <i>Yes</i>				
<b>IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** SMALL ENTITY **</b> <b>** 08/04/1999</b>				
Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no 35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after met Allowance Verified and Acknowledged <u>Examiner's Signature</u> <u>Initials</u>		<b>STATE OR COUNTRY</b> GA	<b>SHEETS DRAWING</b> 3	<b>TOTAL CLAIMS</b> 20
				<b>INDEPENDENT CLAIMS</b> 2
<b>ADDRESS</b> C. David Chan 11 Westview Avenue North Salem, NY 10560				
<b>TITLE</b> METHOD AND APPARATUS FOR RECORDING INCIDENTS				
<b>FILING FEE RECEIVED</b> 389	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit	

SERIAL NUMBER 09/352,661	FILING DATE 07/07/99	CLASS 396 348	GROUP ART UNIT 2851 2712	ATTORNEY DOCKET NO.
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APPLICANT

CHUK DAVID CHAN, LAWRENCEVILLE, GA.

  
  

**\*\*CONTINUING DOMESTIC DATA\*\*\*\*\*** *u*  
VERIFIED

\_\_\_\_\_

**\*\*371 (NAT'L STAGE) DATA\*\*\*\*\*** *u*  
VERIFIED

\_\_\_\_\_

  
  
  

**\*\*FOREIGN APPLICATIONS\*\*\*\*\***  
VERIFIED

\_\_\_\_\_ *lanc*

  
  
  

IF REQUIRED, FOREIGN FILING LICENSE GRANTED 08/04/99 \*\* SMALL ENTITY \*\*

Foreign Priority claimed 35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance	STATE OR COUNTRY GA	SHEETS DRAWING 3	TOTAL CLAIMS 20	INDEPENDENT CLAIMS 2
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Verified and Acknowledged *u*  
Examiner's Initials \_\_\_\_\_ Initials \_\_\_\_\_

  

ADDRESS

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~~12779 FAIR BRIAR LANE~~  
~~FAIRFAX VA 22033~~  
11 Kenneth Court  
Glen Cove, NY 11542

  

TITLE

METHOD AND APPARATUS FOR RECORDING INCIDENTS

  

FILING FEE RECEIVED  \$380	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT NO. _____ for the following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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